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# THE PLACEBO EFFECT: MOCKING OR MIRRORING MEDICINE?

NIKOLA BILLER\*

Whatever happened to the “Powerful Placebo,” whose therapeutic effect and heuristic utility were heralded by Beecher’s famous paper almost half a century ago [1]? At first glance the placebo effect, defined by Brody as a “change in a patient’s condition that results from the symbolic aspects of the encounter with a healer or with a healing setting, and not from the pharmacological or physiological properties of any remedy used” [2], seems to have a considerable image problem, both in clinical practice and research [3]. Specialty societies dismiss its use as a “diagnostic” tool to discredit the patient’s nature or severity of discomfort as unethical and misguided [4]. It is rarely, if ever considered the treatment of choice—benevolent deception strays far from the accepted standards of respect for patient autonomy and informed consent. Even in research, where the double-blind, placebo-controlled trial used to be the unquestioned gold standard, using placebos as controls has come under scrutiny, not only from a methodological point of view, but also from an ethical perspective, as its design might deprive some patients of available active treatment [5–7].

But a second look at the literature reveals that the perception of the placebo effect is not entirely negative. Rather, pleas for and warnings against placebos seem to go hand in hand, reflecting the ambivalence of our medical culture toward the “ghosts that haunt our house of biomedical objectivity, the creatures that rise up from the dark and expose the paradoxes and fissures in our self-created definitions of the ‘real’ and ‘active’

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factors in our treatments" [8]. The result is a mixed message to practitioners, telling them in handbooks and clinical guides that "the placebo response is real and robust," but "whether placebos should be used remains a controversial topic" [9]. Although it might seem like mockery to some, distracting rather than conducive to physicians' care of the sick, the placebo effect actually holds up a mirror to one of biomedicine's major challenges: how can patients' individual illness experience, and the suffering it entails, be adequately addressed in a medical system that focuses on the identification and treatment of specific organic defects [10, 11]?

It is not by chance, then, that currently most encouragement for the use of the placebo effect comes from voices that call for an integrative mind/body approach or advocate the use of complementary medicine [12]. Benson, for example, who already in the seventies called for an increased appreciation of the therapeutic potential of the placebo effect, has rephrased it as "remembered wellness" and made it a cornerstone of his approach to mind/body medicine [13, 14]. Responding to the challenge posed by the blossoming of alternative therapies, more and more physicians are stating the need to integrate aspects of complementary approaches into biomedicine and "to regain confidence in the symbolic reality of medicine, the healing power of listening, and in the release of emotions that flow from the catharsis of words" [15, 16].

Bioethicists commenting on these developments have mainly cautioned against the encroachment of deception upon the patient-physician encounter: the use of the placebo effect, benevolent as it may be, "represents an inroad on the informed consent . . . damages the institution of medicine and contributes to the erosion of confidence in medical personnel" [17]. Also, the prevailing focus on patient autonomy makes any power that derives from an inequality in knowledge and status between patient and physician suspect. Other voices, however, emphasize the positive potential, citing non-deceptive uses of the placebo effect in clinical practice [18, 19]. They argue that ethics committees, patients' advocates, and regulations concerning informed consent have considerably lessened the danger of abuse in clinical as well as research settings [20].

Although far from being fully explained, the scientific basis of the placebo effect is certainly no longer an unexplored area. Not only has its influence on treatment outcome, often misattributed to specific interventions, been acknowledged [21]. In addition, pharmacokinetic studies are exploring time-effect curves, side effects as well as subject variability in time, duration and extent of the response; different explanatory models are being discussed, among them conditioning, expectation, and "response appropriate sensation"; and refined methodological and conceptual approaches are being developed to do justice to the diversity of placebogenic variables and the complexity of their interaction [22-24]. Captured as "rit-

ualized healing through symbols,” the placebo effect is amenable to anthropological research as an ethnic and cultural phenomenon [8]. Finally, the current wave of literature on narrative in medicine stresses its importance for the subjective illness experience [25].

These contributions from various disciplines unfold a spectrum of potential applications of the placebo effect without deception—without sham procedures or bread pills handed out by an “omnipotent physician.” It is thus surprising and somewhat disturbing to have to concede that the main role of the placebo effect in biomedicine is indeed to separate “the healing power of the physician (as pill) . . . from the person of the physician, just as the disease is separated from the person of the patient” [26]. Instead of using the placebo effect to demarcate what does not constitute “real therapy,” it would be more appropriate to conceptualize and apply it as an integral part of every therapeutic process, a factor that can enhance the effect of specific interventions.

This could be achieved by fostering the empathic abilities that allow the physician to capture the meaning an ailment has for the patient, increasing understanding and trust [27]. Encouraging the “relational” and not only the “observational mode” might put physicians in a better position to instruct patients to evoke the placebo effect by themselves, using relaxation or cognitive-behavioral techniques that foster their sense of self-efficacy and control and influence their expectations [28]. Thus, shaping the patient-physician encounter so that “the patient receives a satisfying explanation of the illness and treatment; the patient feels cared for and supported; and the patient feels an enhanced sense of mastery and control over symptoms” can be one way to integrate the placebo effect into clinical practice [2].

The environment or situational context is another influential factor. If we assume that expectations and conscious or unconscious associations shape the placebo effect, it would certainly be worth focusing on the circumstances by which a procedure is being done or a drug given, including credibility of the therapeutic setting and the treatment itself, as well as the administrative ritual [29]. Negative placebo responses, in turn, could be avoided by refraining from repeated inefficient treatments or by increasing positive placebo responses by combining drug and placebo according to a reinforcement schedule [30, 31].

The placebo effect is inherent in medical practice, but it is medicine’s choice to neglect or to employ its power. And the way it is conceptualized and used can give us considerable insight into our current understanding of medicine. Is it used to identify “hysterics” or malingerers, to satisfy the “ignorant” patient insisting on instant treatment even before a diagnosis is made [32]? Or is it employed rather as a symbol, “a seal to the contract between patient and physician,” a “promise of dedication” [16]? If we do not reject the placebo effect as mockery, it can serve as a mirror, a chance

for reflecting medicine's means as well as its goals. The ability to integrate the placebo effect in an ethically and medically adequate way could be a major achievement of modern medicine, which would benefit not only patients, but physicians as well, serving as a reminder of what lies at the heart of medicine: "one person treating another" [19].

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#### RAMPANT GENES

To feel a star that warms the eye  
Needs only simple life,  
The frail commodity  
That universal shops display  
For romping genes to buy.

And yet between our mind and light  
The gulf is greater than the gasp  
That separates the eye from glass—  
A kind of fixed and sunless wisdom  
Your poet sometimes can surpass.

Harry P. Kroiter